

Department of Health and Human Services
Approved Agency Investigator
Application Form

You must complete this form and must be nominated by your Executive Director:

Executive Director Nomination: I attest that _____ is an
employee of _____ and has demonstrated a history of mature and
responsible decision making as well as respect for others.

Signature of Executive Director: _____ Date: _____

You must also: Be 21 Years of Age
Submit to a criminal record check
Complete a course entitled "Conducting Serious Incident Investigations"
Obtain a clearance from Child Protective Services (sign attached release)
Satisfactorily assist with one or more investigations
Have a 2 or 4 yr. degree or 4 yrs. progressively responsible experience

Full Name: _____ Date of Birth: _____
(Last Name, First Name, Middle Name)

Work Phone: _____ Place of Birth: _____

E-Mail: _____ Social Security # _____

I am aware that a request for a Criminal History Check will be made to the Maine State Police Criminal Investigation Division and I attest that I do not have any criminal convictions.

Please Initial _____

I have signed a release of information for DHHS Child Protective Services and I attest that I have not had a substantiated allegation of child abuse or neglect with DHHS child protective services.

Please Initial _____

I have completed (or will complete) the course titled *Conducting Serious Incident Investigations*; a copy of the proof of completion is attached (or will be forwarded to you by the instructor).

A copy of my 2 or 4 year Degree (or my professional experience) is attached.

Signed: _____ Date: _____

This form and attachments should be sent to:

Adult Protective Unit Manager
Dept. of Health and Human Services
32 Blossom Lane
Marquardt Bldg., 2nd Floor
11 State House Station
Augusta, Maine 04330-0011